FINAL EVALUATION REPORT

For the period of November 1994 - August 1997

CHILD SURVIVAL ACTIVITIES IN HAITI

INTEGRATION OF SUSTAINABLE CHILD SURVIVAL INTERVENTIONS INTO THE MISSION OF CRUDEM, A PRIVATE SECTOR ORGANIZATION, IN THE DEPARTMENT OF THE NORTH, HAITI

(Cooperative Agreement FAO-0500-A-00-4047-00)

Submitted to Project HOPE

by

Dr. R. Rodriguez-Garcia

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I. EXECUTIVE SUMMARY

The project **Integration of Sustainable Child Survival Interventions into the Mission of CRUDEM, a private sector organization, Department of the North, Haiti was** officially initiated in October 1994 pursuant to a cooperative agreement between Project HOPE and USAID. Although the local political situation in Haiti prevented the speedy starting of the project, all project staff were hired by January of 1995 and a 6-month temporary agreement was issued by the Ministry of Health in August 1995 at which time project activities were fully initiated. The final agreement was signed by the Ministry of Planning and External Affairs in March 1996. The original project coordinator, Dr. Julien, remains the Regional Director of the Northern Department of Health in Cap Haitian providing continuity to project-Ministry of Health (MOH) relations.

The findings of the mid-term evaluation conducted in August 1996 indicated the following: "The project is on the road to meeting project goals and expectations for decreasing maternal and child mortality and morbidity. This is mostly due to four factors: the goal of the project is realistic; the implementation design and interventions are appropriate; the project contributes to the Department of Health's (DOH) objectives for the region; and the staff, volunteers, benefiting mothers, and the community at large all expressed great commitment to the success of the project. The accomplishments to date testify to the enormous effort made by the project both in headquarters and in the field to overcome the initial difficulties and put the project back on track". During the last year, the project has continued to make important inroads in the community-- increasing coverage, training promoters, traditional birth attendants (TBAs) and auxiliaries; educating mothers; and organizing rally posts and community home visits.

In April, 1997 USAID approved the continuation of the project for a period of four years starting in October 1997. The new project will retain the main goal of the original project and adds one more community Plaine do Nord one more area of intervention-- acute respiratory infections; and one more target group - adolescents.

The goal of the project being evaluated is to "reduce morbidity and mortality in children under six and women of fertility age in three target communities: Milot (pop. 25,000), Quartier Morin (pop. 18,000), and Limonade (pop. 38,000). The findings of the final evaluation indicate that the project is providing much needed educational, preventive, curative, and referral services to a population that would otherwise be lacking these basic maternal and child health (MCH) services. The services provided by this project are the only MCH services available to the target population. Equally important is the fact that the project has been able to demonstrate 1) that a well run program can be effective in reaching mothers and children with health improvement activities in Haiti despite the difficult socio-

INTRODUCTION AND ACKNOWLEDGMENT

INTRODUCTION

This is the final evaluation report of Project's HOPE's project Integration of Sustainable Child Survival Interventions into the Mission of CRUDEM, a Private Sector Organization, Department of the North, Haiti. The project is partially funded by the United States Agency for International Development (USAID) through a cooperative agreement for a three-year period: October 1, 1994 to September 30, 1997.

This evaluation was conducted by Dr. Rosalia Rodriguez-Garcia, an external evaluator, and Ms. Elise Jensen, Haiti Project Manager at Project HOPE with HOPE's field staff headed by Ms. Annie Thelusmond and Ms. Angelina Laine, three members of the community, and two representatives of the Northern Department of Health in Cap Haitien. The evaluation was conducted over a period of several weeks and included review of documents and data, consultation with HOPE headquarters and field staff, and site visits. The on-site component of the evaluation took place from July 27 to August 6, 1997.

The purpose of the final evaluation was to **assess the accomplishments, lessons learned, and sustainability of Project HOPE's child survival activities in Haiti.** The evaluation was planned following the "scope of work" provided by Project HOPE (See Appendix 1) and the "BHR/PVC guidelines for final evaluation of child survival projects ending in 1996 (CS-IX)" provided by USAID (See Appendix 2).

ACKNOWLEDGMENTS

The out-of-country evaluators gratefully acknowledge the cooperation of field staff who made themselves available for numerous and lengthy discussions as well as the invaluable contribution made by the community representatives and by the auxiliaries, health promoters, traditional birth attendants and mothers whom we had the opportunity to interview and observe as they perform their duties. The evaluation team appreciates the important contributions made by Dr. Antoine and Ms. Jean-Jacques from the Northern Department of Health. The availability of Dr. Jean Myrtho Julien, Director of the Northern Department of Health in Cap Haitien for substantive discussions about the project and the evaluation is also greatly appreciated. Finally, the out-of-country evaluators thank Ms. Annie Thelusmond and the entire HOPE-Haiti staff for their warm reception.

Despite the roadblocks (real and figurative) the staff had to face, the project has, by and large, met child survival objectives. Some objectives have been met well in excess of quantitative targets. The achievements of the project suggest that many mothers and children have been reached with much needed education and services, and that a very strong base exists for the successful implementation of the project extension which is to start in October 1997.

The total cost of the Final Evaluation has been of US$20,059. This amount includes briefings, planning, site visits, and the preparation of reports. While the report reflects the findings and conclusions reached by the evaluation team in the whole, preparing the final report is the responsibility of the external evaluator.

II. EVALUATION TEAM AND METHODOLOGY

The evaluation team consisted of twelve individuals: ten from Haiti and two out-of-country. In-country participants were the project's field director, coordinator, statistician and nurse supervisors, one member of a health committee from each of the three communes, and two representatives of the Northern Department of Health. Out-of-country participants were the Haiti project manager at Project HOPE, and the external evaluator (See Appendix 3). The project's field accountant, secretary, and drivers provided needed logistical support.

The final evaluation was approached as a participatory exercise so as to maximize the inclusion of everyone's experiences and insights. Prior to beginning field activities, the external evaluator provided an orientation to the evaluation team as to the methodology and approach proposed for the evaluation. After discussion and input from everyone, the plan was finalized. Field work was concentrated in four days (See Appendix 4).

The methodology used for the evaluation consisted of 1) review of written materials such as project related documentation, annual and other reports, staff and trip reports, curricula and others; 2) briefings with Project HOPE staff in the USA and in the field; 3) meetings with the Department of Health of the Northern Region in Haiti, auxiliaries, and promoters; 4) review of quantitative data of project activities; 5) interviews of project service providers and beneficiaries; 6) observation of mothers' clubs and health rally posts; and 7) random rapid household surveys.

The evaluation team divided itself into three groups. Each group visited all three catchment areas of Milot, Quartier Morin and Limonade. The groups met for lunch during these days to check on progress. To assure consistency in the collection of data, five tools were utilized. One group interview guide for auxiliaries and health promoters (See Appendix 5), and one for health committees (Appendix 6), one questionnaire for promoters and TBAs (See Appendix 7) and one for mothers (See Appendix 8); and a chart for rapid household surveys (Appendix 9). Probing was done as appropriate to insure that the evaluation team obtained the information needed for understanding and critical analysis. In all meetings and interviews the evaluation team asked the respondents whether they had anything they wanted to say to the team. This was intended to allow the nationals to ask any questions or add any information they deemed relevant.

III. EVALUATION FINDINGS

A. Project Accomplishments and Backaround

1. Backsround

Project HOPE's child survival activities in Haiti started in the northern region of the country in October 1, 1994 under cooperative agreement FAO-0500-A-00-4047-00 with the Child Survival and Health Office of Private and Voluntary Cooperation in the USAID Bureau for Humanitarian Response. The main purpose of this agreement is to "reduce under-six and maternal mortality and morbidity in the rural areas surrounding Milot, Northern Haiti, in a sustainable way through a partnership with the Center for Rural Development of Milot (CRUDEM), a private sector health and development organization." The goals of the project as stated in the Detailed Implementation Plan (DIP) are to:

1. increase immunization coverage of children less than two years of age and women of fertile age,
2. improve the case/nutritional management of children under 2 years of age with diarrhea,
3. improve nutritional status through improved breastfeeding and weaning practices,
4. improve Vitamin A consumption and knowledge,
5. improve maternal and family planning practices, and
6. improve knowledge regarding prevention of HIV/AIDS and STD transmission.

These objectives are very relevant to a country that has the highest infant (89/l 000), child (137/l 000) and maternal (430 per 100,000) mortality rates of any country in the Americas, a GNP of only USS370.00 per year, and where the unemployment rate is said to reach 80 percent. Generalized lack of medical supplies and essential drugs such as vaccinations, vitamin A, scales, contraceptives, oral rehydration salts, disinfectant and the like means that the project is providing services that may not otherwise be available to the majority of the population in the target region. The project expected to reach 93,388 potential beneficiaries. The total cost per beneficiary was estimated at USS9.10 or USS3.03 per beneficiary per year. The total budget for the three-year project is of US$932,454 divided as follows: USAID contribution, US$678,728 and PVO contribution, US$253,726.

Despite an official starting date of October 1994, the project was unable to initiate activities until after the return of President Aristide in November 1994, when agreements between the Government of Haiti and foreign groups could be signed, as reported in the annual project report of October 1995. However, Project HOPE moved forward and by January 1995 all project staff had been hired. In March

1995, the project coordinator accepted a senior position with the Ministry of Health as the Regional Director of the Department of Health for Northern Haiti; the position in which he remains. In the early stages of the project this was a positive development as the close connection to the MOH facilitated the implementation of activities and added credibility to the project. By the summer of 1995 another qualified coordinator was hired. The core staff of the project has remained quite constant since then. A second driver as well as one more auxiliary for Limonade were hired within the last year.

Field activities were initiated in August 1995 pursuant a temporary 6-month agreement with the Ministry of Health. A final agreement was signed on March 1996. Considering that the majority of project activities have been implemented within a 24-month period, it is impressive to see how much the project has been able to accomplish in a relatively short period of time. (See Appendices 10 and 1 1)

2. Accomdishments

There are important cross-cutting accomplishments that deserve to be noted:

- The project has demonstrated its ability to gain the confidence of community leaders and the population at large. Those who one way or another have been touched by the project are devoted to it.

- The project has given new meaning to the work of auxiliaries (Ministry of Health employees), health promoters and of TBAs not only by training them but also by providing materials (see appendix 12) and a supervisory system that shows these health workers the good effects of their work and motivates them to do better. (See Appendices 13 and 14.)

- The project has built an infrastructure that shows the appropriate use of resources for innovative and participatory child survival promotion activities.

- The project has fostered the professional development of the core technical staff resulting in a group of well prepared and, now, highly experienced individuals (See Appendix 15). Also important is the prevalent work ethics that encourages hard work, planning, follow-up and accountability. This has been very adroitly guided by HOPE, USA.

- The project has been successful in gaining the respect of international agencies and PVOs in Haiti. International agencies, in particular, have made important in-kind contribution to the project. And PVOs are seeking to learn from the HOPE-Haiti experience.

- The project has established an important network for the promotion of maternal and child health care that links MOH staff and facilities with the community through undertakings such as the establishment of community health committees, rally posts and mothers' clubs that have the added benefit of fostering community participation and self-determination.

- The success of the project in reaching women and children and in educating mothers, has resulted in a demand by men for higher participation. Many men are asking for the same health educational opportunities that women have in the project. The project has raised the awareness of men as to the importance of health education.

- Thanks to the project there begins to be a better understanding of the health and social needs of the catchment area.

- Thanks to the project, there has been an increase in the utilization of health services.

Other project accomplishments and outputs as well as recommendations are presented below by intervention. A summary of quantitative project results is shown in Appendix 10. With regard to the quantitative achievement of the project, a word of caution is in order.

First, the reader will notice that several indicators have been achieved by more than 100 percent: immunizations for instance. Other indicators such as number of Vitamin A capsules distributed to mothers (I per person) shows more capsules distributed than population. The evaluation team suggests that this problem is probably due to the unreliability of project target figures. The lack of current or reliable census data on Haiti at the time the proposal was developed---as is today, means that the project had to rely on grossly unreliable data from 1982 to set the quantitative targets of the project. Still today, the census data available does not reflect the demographic changes of Haiti.

Second, the management and presentation of quantitative data is problematic. There are a number of inconsistencies. For instance, the values of these indicators (# of FP clients, #of NFP clients, # of BF mothers) are different between those shown in the summary for 1995 - 1997 for the entire project and the sum of those figures shown by commune. Furthermore, computer printouts do not systematically show the name of the specific commune on each page which means that if the order of pages are involuntary changed, for instance when making photocopies, there is no way to easily know which data appertain to which commune. Because reliable and realistic data are essential to assess project outputs and coverage, it is recommended that:

- a health information expert review the heath information system to ascertain that there are not problems at the collection, transcription, manipulation and/or reporting stages of data management, and

- a demographer review the population figures and forecast a more realistic demographic profile of the catchement area. The quantitative targets of the project extension can then be revised accordingly.

2.a Diarrhea1 disease control (20%)

The objective in this area is to "improve the case/nutritional management of children under two years of age with diarrhea" (7,600 per year). There are five major interventions to meet this objective: educate mothers to recognize the danger signs of dehydration and the use of Oral Rehydration Salts (ORS), create community oral rehydration units (CORU), promote breastfeeding, promote early treatment of dehydration with ORS, and promote extra meals for children during post diarrhea recovery.

Mothers education is done primarily by health promoters in the mothers' clubs. Educational messages -- developed from UNICEF's Facts of Life -- are reinforced by auxiliaries in the health rally posts and in the clinics, and by promoters and auxiliaries during home visits. The interviews and observations made during the evaluation indicate that the educational messages are appropriate and the strategy sound. The project has added variety in how the messages are delivered so that messages can be repeated -- as it is necessary -- while still keeping mothers interested. However, the availability of educational materials in French is limited, and therefore, the ability of project staff, particularly health promoters, to use various and appropriate audiovisual materials is hampered. (There is a similar situation in all interventions.)

Oral rehydration salts continue to be distributed, mostly free of charge, but also at very low cost in the rally posts, clinic, CORUs as well as during home visits. Interviews of mothers showed that mothers know the signs of dehydration, when and how to use ORS and where to obtain the packets, and how to prepare home available fluids. Also that mothers understand the importance of exclusive breastfeeding and do breastfeed. The project has established 218 community oral rehydration units (CORU) with trained volunteers and has distributed 10,191 ORS packets. In addition, the project has provided the following services:

		Milot	Limonade	QM	Total
4	Cases of diarrhea among children O-23 months:	3259	1323	2581	7163
4	Cases treated with ORS at home	1413	608	1072	3093
4	Cases treated in dispensaries or by promoters	1725	895	1223	3843
4	ORS packets sold	4085	1400	2300	7785
4	ORS packets given	3209	2130	4852	10,191

This intervention continues to be well organized and seems to reach mothers and children with much needed education and services. The number of packets distributed fell short of the 25,000 projected. It is not completely clear why less than half of this objective has been met. Project staff and promoters assert that more women use home-made liquids rather than request the brand ORS because they learned how to in the mother clubs. This statement could not be validated during the evaluation, but given the success of mothers' clubs, it is likely to be correct. If it is, then another concern arises. This is, what is being done for mothers who can not or do not want to participate in mothers clubs but still need to be informed about and have access to ORS? (This remark applies equally to other project interventions.) Therefore it is recommended that:

- project staff considers avenues to strengthen the outreach component of this as well as other project interventions to inform as may people as possible in the communes, both men and women, of the availability of child survival services.

2.b Immunization (20%)

The objective of this component of the project is to "improve immunization coverage of children less than two years old with BCG, OPV, DPT and measles (target: 7,600), and of women of fertile age (WFA) with TT" (target: 18,400). In the project, immunizations are done primarily in the health rally posts by the auxiliaries, as the evaluation team observed. However, health promoters and TBAs play an important role in encouraging mothers to get vaccinations for themselves and their children. This is done during the rally posts, at the mothers' clubs, and

during home visits.

Vaccinations as well as weight and other pertinent information is recorded on the "road to health" chart and the MOH vaccination card which are kept by the mother. These charts are provided by the MOH, but for the last several months the MOH has not distributed any. The cold chain is working well, even though additional coolers would facilitate the organization of more rally posts.

The achievements of this component of the project include 19,178 women who have participated in health education talks on the importance of immunization. Additional services provided by the project include:

		Milot	Limonade	QM	Total
4	women vaccinated with TT2 during their pregnancy	1860	451	1235	3546
4	WFA vaccinated with TT2	2490	1204	2008	5702
4	Children O-23 months vaccinated with:				
	BCG	2944	1621	2241	6806
	Measles	2716	1118	1944	5778
	DTPl	4214	1788	3803	9890
	DTP3	3314	1242	2512	7068
	Polio 1	4124	1599	3585	9308
	Polio3	3293	1264	2560	7117

The achievements above reflect the effort the project has made in this component. Between 126 and 236 percent of the project targets have been achieved. (Please refer to page 8.) Particularly notable is the ability of the project to reach women and children in the commune of Limonade. Although the coverage ought to be increased, there has been much improvement since the mid-point evaluation.

2.c **Nutrition (20%)**

The objective for the nutrition component is to "improve nutritional status through breastfeeding and weaning practices". The number of children reached by the project for weighing and nutrition control is 52,378. Of those, 27,533 (52 percent) were malnourished as follows:

		Milot	Limonade	QM	Total
4	Children O-23 months weighed				
	New cases	6064	3150	3845	13059
	Old cases	6017	2278	3491	11786
4	Children O-23 months malnourished				
	New cases	5412	3150	5079	13476
	Old cases	5452	2593	5702	13747

There have been 2,178 health education talks on nutrition that have reached 14,646 women. Nutrition education is done primarily by health promoters in the mothers' clubs and are reinforced at health rally posts and during home visits. (number of home visits: 26,021 .) Children are weighted at the rally posts and the weight is recorded on the "road to health" charts. Follow-up to malnourished children is done by promoters and, at times, auxiliaries through home visits. It is unclear whether promoters are capable of detecting "at risk" families during home visits with regard to malnutrition, prenatal care, and immunization, therefore it is recommended that:

3 the project considers the development of a checklist the promoter can use to assess families at risk for referral to auxiliaries and health committees,

- the project considers educating health committees to detect and refer at-risk families.

One reason for the continuing high number of malnourished children is that many families do not have enough food to eat on a regular basis. One of the few complaints heard during the evaluation is that the project does not distribute any food. This is not a component of the project and, furthermore, the MOH is against this practice on the basis that it creates dependency. Although it may be easy to agree with the MOH position, the reality in Haiti is such, that many families in the catchment area do not have access to any food for long periods of time. Within this context, the percentage of malnourished children participating in the project is not as high. However, it is recommended that:

- 'the project examines whether the food situation could perhaps be helped -- albeit on a limited basis -- by strengthening mango drying or other similar activities of the project which could enhance self food reliance.

2.d Maternal care and family planning (20%)

This component of the project aims at "improving maternal care and family planning practices" (target: 18,400). Maternal care includes education of mothers in mothers' club about prenatal care, appropriate nutrition for pregnant and lactating mothers and immunization with tetanus toxoid. There have been 1,678 talks on maternal health, 2,810 on breastfeeding and 796 on family planing with a participation of 9318, 15,930 and 151 16 women respectively. In addition 1051 women report to have breastfed exclusively their infant (74%), and 777 report using NFP (36%). There have been 2,986, (120%) pre-natal and 1,755, (70%) post-natal visits. The breakdown by commune is as follows:

		Milot	Limonade	QM	Total
4	Women BF Exclusively	616	257	178	1051
4	Women using NFP	266	208	303	777
4	Prenatal visits				
	New cases	722	226	765	1713
	Old cases	813	75	385	1273
4	Postnatal visits				
	New cases	516	197	455	1168
	Old cases	326	27	234	587

The combination of prenatal care, vaccinations, Vitamin A, access to trained TBAs, exclusive breasfeeding and health education has done much to improve mother care. The area that remains very weak is family planning.

The project includes only natural family planning (NFP), but not even one third of women use these methods. One reason given is that NFP takes time to learn. Modern FP methods are supposed to be available at the dispensaries, but during the evaluation some dispensaries had only condoms in stock. Yet, child spacing is essential for maternal health and child survival. Anecdotal data collected during the evaluation indicate that women start having children at 14 or 15 and have large families of 6-8 children. The available contraceptive are condoms, the pill and depoprovera. Women are referred to the hospital for IUD and sterilization.

The best strategy for these communities may well be one that does not only promote "family planning methods", but promote changing the "culture of motherhood" which says that it is normal for women to have children regardless of age and situation. Also it is essential that the strategy involves men in family planning. The "culture of motherhood" could perhaps be changed to one of "responsible parenthood". Therefore, It is recommended that:

- project staff and auxiliaries give seminars in schools (boys and **girls)** to emphasize responsible parenthood and family planning use,

- community health committees are given the role of creating "clubs" to encourage men and the community at large to become active in promoting the benefits of child spacing for mother, child, family and community,

- health promoters encourage child spacing more forcefully with parents during home visits and refer clients to NFP and the dispensaries for modern FP, and

- the project encourages auxiliaries to maintain a good stock of contraceptives in the dispensaries and are more forceful in promoting the benefits of FP in the dispensaries, rally posts and during home visits.

For those mothers who participate in the mothers' clubs, this project has made significant changes in their lives. From the evaluators' interviews with mothers as well as from observation of graduation ceremonies, it is evident that the project has given these women a new sense of self-value. Reaching both male and female adolescents earlier on may be the first step towards responsible parenthood.

2.e **STDs and AIDS prevention** (10%)

The objective of this component is "to improve knowledge regarding prevention of HIV/AIDS and STDs transmission" (targets: 18,400 WFA and 17,800 men). The intervention consists of educational sessions and condom distribution. There have been 11,766 mothers educated about HIV/AIDS, and 9,589 about STDs in 2,094 talks on HIV/AIDS and 1,637 on STDs. There is no data on male participation.

Individuals interviewed recognized the term "AIDS" but the evaluators are not sure whether they knew the disease. This is a small although important part of the project because of the deadly consequences of the disease for men, women and children. The distribution and use-promotion of condoms is very important and would have the likely effect of contributing to child spacing. Therefore, it is recommended that:

- educational sessions particularly for men and for adolescents organized by the project perhaps under the auspices of the community health committees,

- data be collected on the number of men and young people reached by this activity (and by the project),

- condom distribution and use be actively promoted, and

3 individuals such as physicians (particularly male physicians) working in CRUDEM who may be perceived by the community as "experts" invited to **give** lectures on the advantages of condom use. (This recommendation is equality valid for family planning.)

2.f Vitamin A and mango drying (10%)

The objective of this component is to "improve Vitamin A consumption and knowledge". The intervention includes the distribution of Vitamin A -- children receive 2 capsules and women 1 at post-partum -- the education of mothers about the use of foods rich in vitamin A, and the training of mothers in mango drying techniques". Targets: 16,500 children 6 - 72 months old and 18,400 WFA.

By June 1997 15,308 women had participated in 2,287 talks about the properties of Vitamin A and 4,912 had received Vitamin A postpartum, and 21,812 capsules had been distributed to children age 6-72 months. Vitamin A capsules are distributed by TBAs after the delivery or by auxiliaries during postnatal visits. The figures achieved far exceed the project targets. The distribution by commune is the following:

		Milot	Limonade	QM	Total
4	Capsules to mothers (1 per person)	2549	1114	1249	4912
4	Capsules to children (2 per person)	9024	5739	7049	21,812

This is a very successful component of the project that maximizes the resources provided by Project HOPE and USAID by using local suppliers of Vitamin A and hence establishing local contacts and supplies networks that would help pave the way for the continuation of child survival activities.

Mango drying as a strategy to ensure local sources of Vitamin A for the entire family continues to be of value. However, it has not fully gotten off the ground. The staff has made an effort to observe mango drying and inform themselves about the processes. A workshop was organized with Save the Children in 1996 that taught a group of mothers mango drying techniques, and one mango dryer has been built. These activities have created expectations in the community that have not been met. It has also created great expectations -- perhaps more than is warranted -- as to the income generation potential of mango drying, which remains to be demonstrated.

The evaluation concurs with the staff that mango drying is more **complex** than perhaps originally expected. It requires clean space with running water, an "secluded" sunny area for outdoors drying, clean hands and appropriate "lab coat", on-site supervisor, and strict overall safety procedures so as to pass the food inspections required by UNICEF and the Department of Agriculture. In sum, mango drying may require more technical and financial resources than originally anticipated.

The staff has taken the initiative and presented a proposal **to UNICEF, who** has not yet responded. PAHO was also to provide some technical support, but it never materialized. This may be the time for the staff to consider alternatives. For instance, health committees have asked whether the project could provide them with some chicks they can use for poultry raising. Although, this enterprise does not involve foods rich in Vitamin A like mango drying, it has merit. It provides food rich in proteins, it does not require special conditions or training, and the population knows how to do it and use it. Therefore, it is recommended that:

3 the staff considers different mechanisms to implement mango drying perhaps in collaboration with CRUDEM, and

➢ alternatives to mango drying are explored that may require less resources and know-how and still be valuable for child survival.

3. Unintended Effects of Project Activities

Some of the accomplishments noted before are also unintended **positive** effects of project activities. These were not specific goals of the project, but they are important byproducts which have value of and in themselves, in addition to being key building blocks for the future sustainability of project activities.

The evaluation team has not found **negative** effects of project activities. However, there are three areas that require particular attention as they could negatively affect project activities. One area of attention concerns the Ministry of Health. Because of decentralization, all MOH supplies are received at the Cap Haitian office. This office then distributes the supplies to hospitals, clinics and dispensaries. This means that the project has not been able to assure the supplies they need directly from the MOH in Port-au-Prince as they used to do. In fact, at the time of the evaluation the project was still waiting for several items they have ordered months before. One reason for this state of affairs appears to be the unfamiliarity of the project staff with request for distribution procedures. Another is the higher than usual demand presented by the project for the three target communities. This situation could be construed as if the success of the project in reaching a substantial number of people raised questions in the minds of those in the MOH in charge of the allocation of supplies. Because the evaluation team believes

that assuring the stock of supplies and the support of MOH is essential, it is recommended that:

- project staff strengthen ties with relevant division directors in the MOH in Cap Haitian and take the time to brief them about the project, while gaining better knowledge of the rules, regulations, operations and procedures of the MOH in the Northern Region.

The second situation of potential conflict concerns population expectations. Because, as one member of a health committee described, "the project delivers", the health committees are asking the project for resources to engage in development activities such as sanitation for their communities. While their demand is reasonable considering the lack of potable water and latrines in the great majority of houses, these types of activities are not in the project mandate. On the other hand, one could reason that the effects of child survival activities would be hampered by the blatant lack of the most basic sanitation and hygiene that exist in the communities. It may be possible, for instance, to build a latrine in the house of a promoter and use this as an example of what can be done. The community can then use their own resources to build more. It may also be possible to ask World Vision who is building latrines in other areas of Haiti to do the same in the area of the project. Because access to potable water and basic hygiene and sanitation is important for child survival, it is recommended that:

- the project develops and communicates a clear role for the health committees directly related to child survival activities, and

- the project explores whether it could provide for or facilitate initiatives by other groups for the establishment of some basic community development activities in the target communities, which would become an added value to the project.

Finally, one area that deserves further attention is the area of community information and outreach. As part of the final evaluation the evaluation team conducted random rapid household surveys. The majority of the households surveyed did not know about the project or the rally posts. Several people knew the promoter as a neighbor but not as a "promoter" (there is no Creole name for promoter). What is important, however, is that the household members did not know, the person as a health worker. Only a few younger women knew about the mothers' clubs. While these rapid surveys were not conducted under rigorous scientific rules, they can, nevertheless, provide an indication of what the reality may be in the community at large.

There are several possible explanations for these results. Households with small children are less likely to be interested in rally posts. Older women with

grown children may not find the mothers' clubs as useful. Project activities may have developed more in certain sections of the communes than in others. Thus, it is possible that because the objectives of the project are to educate in order to improve health, rather than population information, this aspect has been less stressed. On the other hand, effective and efficient population information requires the use of mass media tools, which have not been available to the project. The 60 megaphones that are waiting in customs in Cap Haitian can be vital tools for promoters to inform the community at large about child survival activities. Because population information is essential to maintain and increase coverage of child survival activities, it is recommended that:

- the project trains the promoters in community mobilization and give them some basic tools to conduct population information, and

- the project explores the interest of the local radio stations in Cap Haitian in a calls-in program, interviews, or pubic service announcements about child survival. These programs can also be taped so that the project staff and health committees can use the tapes in community meetings, mothers' clubs, rally posts, as well as in training.

4. Final Evaluation Survev

The final survey has been conducted by Project HOPE independently of this evaluation. The data were gathered during the month of June of 1997 guided by HOPE/USA Haiti project manager. Data were computer-entered in country by a doctoral student. The results will be made available by November 30, 1997.

B. Proiect Expenditures

The total budget for this project, as revised in April 1995, is of US$904,971 divided between USAID ($678,728) and the PVO ($226,243). The total country budget is of $695,655 and the headquarters budget is $209,316. (See Pipeline Analysis in Appendix 17.)

The total expenditures of the project as of June 13, 1997 run lower than the revised budget of US$904,971, by the amount of US$102,943. Expenditures include US$122,210 of projected costs for three months (6/l/97 to 8/31/97). The difference is accounted for in the following budget lines:

- ID1 b: Procurement-field "others". This budget line has covered expenditures related to the purchase of training materials and medical supplies. Only one fifth of the budget has been utilized. This is due to the receipt of donations

of the required supplies.

- IEl b: Communications-field. This budget line includes expenditures on mail, fax, phone, DHL and the like. Only about half of the estimated budget has been utilized. This is due to an over-estimate of projected expenses.

- Consultancies. This budget line shows an increase of about $20,000. This is due to the costs of training staff in adult education strategies and exceeding the budget for the external mid-term and final evaluator.

- ID2b: Procurement, equipment-field. This budget line shows an increase of about $27,000. This is due to the purchase of a second vehicle in project year #3.

An analysis of expenditures against estimated costs in light of the objectives met by the project indicate that the project management, both in the field and at HOPE Center, has been efficient. The two areas where expenditures have exceeded the budget reflect additional inputs to the project and not higher costs. By the end of the project there may be a surplus of funds. The evaluation team suggests that the funds be reinvested in the on-going project so as to strengthen the base upon which the project extension will be launched. This would include equipment, materials, complementary activities, and human resources development. Therefore, it is recommended that:

- the project considers adding another vehicle. Transportation for rally posts, supervision and outreach has repeatedly been identified as a serious problem by project staff, auxiliaries and promoters alike. With the addition of a fourth commune, this problem will become even more acute, to the point where it could hampered reaching project objectives. Auxiliaries also need assistance to carry the kits and other materials to remote areas. A young person could be compensated to accompany auxiliaries,

- the project considers transporting project staff to and from Cap Haitian when the project schedule prevent them from using public transportation,

- the project makes a stronger effort to acquire, purchase or develop appropriate educational and mass media materials and tools,

- the project acquires the “know-how” and invests in the appropriate implementation of mango drying or a similar type of activity that would complement child survival activities,

- the project field staff receives training in areas such as management, evaluation, basic data interpretation for better project monitoring, as well as in

the child survival activities included in the project extension, and

- the new statistician is trained in "Epi Info".

Field work in Haiti specially in rural areas is not easy. The project staff has worked hard to achieve project objectives. The project extension provides an opportunity not only to undertake new activities but also to apply the lessons learned in the current project. It also provides the opportunity for the project staff to renew their commitment to child survival activities, and to pave the way towards sustainability. Therefore, it is recommended that:

- the project considers organizing a 2-3 day "retreat" outside the offices for staff development, planning, and team building, as preparation for the launching of the project extension.

C. Lessons Learned

There are a number of important lessons that can be drawn from this USAID/HOPE project which would have a wider application to other child survival projects. These lessons cut across all the interventions.

1. National policies that promote and support child survival facilitate the integration of child survival activities in the national health system.

The existence of a national or a regional policy in and of itself is not enough to ensure success of donor-funded child survival activities. However, it can facilitate the implementation of activities by endorsing the project, placing it within the MOH health plan, and by providing tangible forms of support. Furthermore, field experience has demonstrated that projects -- such as the one in Haiti -- that contribute to national MOH objectives are more likely to be sustainable.

2. Projects are likely to be more effective when they have a visible role in the community.

The project has established a successful model of community-based delivery of child survival services. This is all the more relevant because it fosters the participation and empowerment of participants and makes the community engaged partners in the promotion of child survival activities. The mothers' clubs are particularly relevant as a social phenomenon; the graduation ceremonies which includes sketches on child survival topics have become social activities for the entire community including men.

3. Monitoring and follow-up are essential elements of a well designed and run program.

The project has established a well run program with a relatively small team working in geographically challenging communities that offers a model for application to child survival programs in similar communities. The system of supervision is appropriate, not cumbersome, and provides mechanisms for problem solving, on-site instruction and for identifying changing needs.

4. Project strategies where activities complement and reinforce each other are more likely to achieve results.

The project has established a sound packet of services that combines mothers' clubs for MCH and nutrition education; health rally posts for immunization, nutrition monitoring, referrals and other preventive services; TBAs training for mother care and referrals; backstop curative services; and home visits to improve maternal and child health. These activities -- all community-based -- build on and complement each other in an effective and efficient way to achieve project objectives.

5. Building bridges with national and international agencies in the country is a first step towards sustainability.

The project Haiti staff, particularly the director, has been extremely effective in seeking and obtaining tangible contributions from international agencies in Haiti. This is a way to introduce the project and the technical capabilities of the staff to these institutions, while opening doors for future support.

6. No program strategy or training can take the place of personal commitment.

While a well designed, targeted and monitored program, on the one hand, and a well trained staff on the other are essential elements of a sound program, individual commitment and individual effort is perhaps the vital ingredient to making things happen. This means that the hiring and staff development-appraisal processes are of key importance to any program. The HOPE project has been able to bring together a group of individuals who posses both the technical qualifications and competencies needed for a child survival project as well as the personal commitment to achieve results.

D. Project Sustainabilitv

The potential for the sustainability of child survival activities in the catchment areas of this project is good, considering that there will be four additional years of child survival activities to consolidate gains and to strengthen areas of weakness. This statement is based on an assessment of project outcomes with regard to the sustainability goals stated in the DIP, as follows:

- CRUDEN is beginning to be recognized as the provider of child survival activities.

- The MOH has identified Milot as one of the first pilot sites for the implementation of their new strategy for the organization of services. This is a 3-5 year national health initiative funded by the InterAmerican Development Bank with technical support from PAHO/WHO. The strategy seeks to reinforce existing services and institutions. The strategy calls for the establishment of UCS (community health units) which foster coordination among the dispensaries, clinical referral sites and the community. CRUDEM has been selected by the MOH as a partner in the achievement of mutual goals.

- Local MOH staff is involved in the training of TBAs and health promoters, and are the first line supervisors of the project. The auxiliaries are the backbone of the project with health agents being the presence in the communities.

- A system for the delivery of supplies has been established. The suppliers include the MOH, NGOs, and international agencies.

- CRUDEM and selected local MOH have met periodically for problem solving and to discuss resources distribution.

- Project **HOPE** and CRUDEM have identified additional sources of funding; a proposal for mango drying is at present being considered by UNICEF. The Regional Director of Health expressed to the evaluation team his intent to support child survival activities to the extent allowed by the MOH resources.

The two sustainability objectives related to mango drying have not been met as the program has not gotten off the ground for reasons discussed elsewhere in this report.

There is ample evidence from the project to suggest that progress has been made towards sustainability of child survival activities. Nevertheless, there are three areas that deserve particular attention:

- the relationship with the MOH in Cap Haitian needs to be strengthened. Additional contacts with key individuals besides the regional director should be sought and nurtured. At this moment, the main if not perhaps the only formal contact in the MOH is with the regional director, who seem to be the only person that knows the project.

- special attention ought to be given to increase child survival coverage in Limonade. Although the project has made substantial improvements in the last year the community of Limonade still lags behind that of Milot and Quartier Morin,

- with the project extending to another large commune, the ability of the project to conduct community outreach and supervisory visits will be paramount. Transportation ought to be ensured by the project, and

- the mango drying initiative needs to undergo a formal re-consideration. Perhaps this is the time -- as the project extension begins -- to either implement the program or abandon it. Other "value-added" strategies ought to be considered and implemented possibly by the end of the first year, so that there is time to consolidate the program before the end of the project.

A discussion of sustainability for this project ought to differentiate between 1) sustainability of project activities, and 2) sustainability of project outcomes. There are factors that will influence the sustainability of child survival activities. These include the political and policymaking apparatus which remains weak; the resources of the MOH which are very limited; and the health services delivery and supply distribution systems both of which are rather rudimentary. The achievement of outcomes sustainability would be influenced by the'overwhelming lack of the most basic services of water, sanitation and hygiene in the catchment area; no safe housing; and the fact that a significant percentage of the rural population does not enjoy food security.

With this as a backdrop, the efforts made by the project to ensure sustainability are commendable. The aim for the project extension is to obtain gains in the three dimensions of sustainability: attitudinal (willingness to confront the issue), institutional (manpower, skills, processes, infrastructure), and financial. Because sustainability is multi-dimensional, it is recommended that:

- the project considers the development of a "how-to" plan including schedule and progress marks to structure and guide project efforts in this area.

1. Community Participation

At this point the community makes three specific contributions to the project: manpower, the sites for mothers' clubs and rally posts, and the distribution/sale of oral rehydration salts, which very likely will continue after the conclusion of this project. By and large, the communities have not much else to contribute. It is important to note, however, that community participation is very high. The population has responded to the program very well. The 52 members of the health committees (3 committees), are volunteers both men and women chosen by the communities themselves. While they need to clarify their overall mission in the community and their role vis-a-vis the project, their services can become a very important contribution that can help increase the coverage of the project.

The demand for child survival services created by the project, the infrastructure that has been established, the cadre of trained workers that is in place, the behaviors the project has nurtured in workers and the population, and the organization of health committees are all enabling mechanisms that would encourage the continuation of project activities after the donor funding ends.

2. Non Governmental Organizations

The project maintains good relations with the PVOs present in the area such as ADRA and their nutrition center; "Enfants du Monde" who provide infrastructure support to the dispensaries and manages "essential drugs"; and PROMESS which distributes essential drugs, a program of WHO, USAID, and UNICEF. As previously mentioned, Save the Children provided the training on mango drying. World Vision is trying to conduct a census in the area, but there seems to be delays in obtaining the MOH approval to do so. There are very few PVOs working in the area and none on child survival. While it may be possible for some PVOs working in Haiti to provide sporadic in-kind or technical support, it would not appear, at present, that they could be a substantial source of funding.

3. Activities Sustainability by CounterDarts

The willingness of the MOH to support child survival activities has already been discussed in this report. To the extent that auxiliaries and health agents remain employed by the MOH, they are likely to continue child survival services. The training and supervision provided by the project to this personnel and the experience gained during the three years of the project should enable them to remain effective in child survival activities. Long term sustainability, however, will be affected by the supervision auxiliaries receive; the availability of supplies and equipment for child survival services such as vaccines and vitamins; the existence of

a working cold chain, as well as whether there is transportation for conducting home visits and supervising health promoters.

The efforts made for staff development; the training of health/community workers and women; the development of supervisory, monitoring, finance and data management systems; the establishment of health committees; and the functioning of the referral and supplies procurement networks have made significant in roads toward assuring the institutional sustainability of the project. However, because the resources of the MOH can not often meet all the demands, it is recommended that:

- the project continues to explore avenues through which additional resources (in-kind, material, technical, others.) can be assured to complement MOH resources for the continuation of child survival activities at the conclusion of the project extension.

The other major partner of this project is CRUDEM, a private organization. The project is housed at CRUDEM in Milot. Construction is underway for a suite of offices for the project. This would indicate CRUDEM's adoption of the project as part of their program in Milot. Furthermore, the administrator of CRUDEM is the director of the project. The project benefits from the infrastructure and managerial processes already in place at CRUDEM and from a very capable administrator who is well connected and respected in the area.

4. Sustainability Plan

Table 1, below, shows the steps the project has taken to promote sustainability of child survival activities and the outcomes.

Table 1: Sustainability Plan

Objectives	Steps Taken	Outcomes
1. CRUDEM will become a major implementor of CS activities in the region and will institutionalize them	1. Project office is in **CRUDEM** facilities 2. New offices are been built at CRUDEM in Milot	1. CS activities in the region are provided by CRUDEM with HOPE
2. The MOH will acknowledge CRUDEM as a significant partner in the achievement of their mutual CS goals	1. Project activities contribute to MOH objectives 2. MOH supervisors trained	1. **CRUDEM** has been selected by the MOH to be one of the first pilot sites for their new health strategy
3. Local MOH staff will increase participation in the training and supervision of TBAs and health agents over the life of the project	1. Three nurse supervisors and 25 auxiliaries trained in CS supervisory skills	1. 60 promoters/health agents and 111 **TBAs** supervised by MOH auxiliaries
4. CRUDEM and local MOH will meet quarterly to discuss project activities, identify barriers and develop joint solutions	1. Project director and coordinator meet periodically with the director of health of the Northern region 2. Nurse supervisors meet periodically with director of nursing at MOH 3. Two MOH representatives participated in the final evaluation	1. MOH supports the project 2. MOH ready to take over activities when project ends 3. MOH provides staff and supplies

Table 1: Sustainability Plan (cont.)

Objectives	Steps Taken	Outcomes
6. At least a quarter of all mothers' groups will be involved in preserving mangos and other products	1. Six mothers train in mango drying 2. One mango dryer built 3. Project director and coordinator visit mango drying plan in Haiti	1. Proposal being considered by UNICEF 2. Community ready to in this activity
7. At least 5 mothers' groups will organize into production groups and market dried mangos	1. Meetings with PAHO and UNICEF to discuss further support 2. Project staff develops mango drying plan and proposal	1. Matters awaiting for mango production program
8. Distribution systems, not dependent on project staff, will be functioning and providing consistent supplies of Vit. A, TBAs kits, and vaccines	1. Staff established contacts with MOH in Port au Prince, UNICEF and PAHO for supplies 2. Project obtains supplies regularly	1. CRUDEM/project included in the MOH distribution system

IV. CONCLUSIONS AND RECOMMENDATIONS

The outcomes of this final evaluation strongly suggest that HOPE/Haiti and HOPE/USA have made an enormous effort to reach the goals and objectives of the project and that they have, for the most part, succeeded to do so.

There are a number of important cross-cutting lessons, as previously discussed, that have applicability to other child survival programs. The staff, health workers and mothers have been empowered with valuable information and tools that have built their self-confidence and which they can use to improve the quality of their lives. The model of child survival that has been implemented is solidly grounded in the community with an approach that combines human resources development, supervision, health monitoring, follow-up, and community participation to show -- by example -- what can be accomplished with well used resources and personal commitment to improve the health of vulnerable groups in depressed communities.

The challenge for the staff will be to grasp the momentum created by this project, and capitalize on the gains and the lessons learned so that the project extension can meet its goals and pave the road for the smooth transfer of child survival responsibilities to the MOH and CRUDEM in 2001.

The recommendations listed below are those which have been presented earlier in the different sections. The numbers indicate the page number where the recommended action first appears.

- a health information expert review the heath information system to ascertain that there are not problems at the collection, transcription, manipulation and/or reporting stages of data management, Pg. 9

- a demographer review the population figures and forecast a more realistic demographic profile of the catchement area. The quantitative targets of the project extension can then be revised accordingly, Pg. 9

- project staff considers avenues to strengthen the outreach component of this as well as other project interventions to inform as may people as possible in the communes, both men and women, of the availability of child survival services, Pg. 10

- the project considers the development of a checklist the promoter can use to assess families at risk for referral to

auxiliaries and health committees, Pg. 12

3 the project considers educating health committees to detect and refer at-risk families, Pg. 12

3 the project examines whether the food situation could perhaps be helped by -- albeit on a limited basis -- by strengthening mango drying or other similar activities of the project which could enhance self food reliance, Pg. 12

➢ project staff and auxiliaries give seminars in schools (boys and girls) to emphasize responsible parenthood and family planning use, Pg. 14

➢ community health committees are given the role of creating "clubs" to encourage men and the community at large to become active in promoting the benefits of child spacing for mother, child, family and community, Pg. 14

➢ health promoters encourage child spacing more forcefully with parents during home visits and refer clients to NFP and the dispensaries for modern FP, Pg. 14

➢ the project encourages auxiliaries to maintain a good stock of contraceptives in the dispensaries and are more forceful in promoting the benefits of FP in the dispensaries, rally posts and during home visits, Pg. 14

➢ educational sessions particularly for men and for adolescents organized by the project perhaps under the auspices of the community health committees, Pg. 14

➢ data be collected on the number of men and young people reached by this activity (and by the project), Pg. 14

➢ condom distribution and use be actively promoted, Pg. 15

➢ individuals such as physicians (particularly male physicians) working in CRUDEM who may be perceived by the community as "experts" invited to give lectures on the advantages of condom use, (This recommendation is equality valid for family planning.) Pg. 15

3 the staff considers different mechanisms to implement

mango drying perhaps in collaboration with CRUDEM, Pg. 16

- alternatives to mango drying are explored that may require less resources and know-how and still be valuable for child survival, Pg. 16

- project staff strengthen ties with relevant division directors in the MOH in Cap Haitian and take the time to brief them about the project, while gaining better knowledge of the rules, regulations, operations and procedures of the MOH in the Northern Region, Pg. 17

- the project develops and communicates a clear role for the health committees directly related to child survival activities, Pg. 17

- the project explores whether it could provide for or facilitate initiatives by other groups for the establishment of some basic community development activities in the target communities, which would become an added value to the project, Pg. 17

3 the project trains the promoters in community mobilization and give them some basic tools to conduct population information, Pg. 18

- the project explores the interest of the local radio stations in Cap Haitian in a calls-in program, interviews, or pubic service announcements about child survival. These programs can also be taped so that the project staff and health committees can use the tapes in community meetings, mothers' clubs, rally posts, as well as in training, Pg. 18

3 the project considers adding another vehicle. Transportation for rally posts, supervision and outreach has repeatedly been identified as a serious problem by project staff, auxiliaries and promoters alike. With the addition of a fourth commune, this problem will become even more acute, to the point where it could hampered reaching project objectives. Auxiliaries also need assistance to carry the kits and other materials to remote areas. A young person could be compensated to accompany auxiliaries, Pg. 19

- the project considers transporting project staff to and from Cap Haitian when the project schedule prevent them from using public transportation, Pg. 19

- the project makes a stronger effort to acquire, purchase or develop appropriate educational and mass media materials and tools, Pg. 19

- the project acquires the "know-how" and invests in the appropriate implementation of mango drying or a similar type of activity that would complement child survival activities, Pg. 19

3 the project field staff receives training in areas such as management, evaluation, basic data interpretation for better project monitoring, as well as in the child survival activities included in the project extension, Pg. 19

- the new statistician is trained in "Epi Info", Pg. 20

- the project considers organizing a 2-3 day "retreat" outside the offices for staff development, planning, and team building, as preparation for the launching of the project extension, Pg. 20

3 the project considers the development of a "how-to" plan including schedule and progress marks to structure and guide project efforts in this area, Pg. 23

3 the project continues to explore avenues through which additional resources (in-kind, material, technical, others.) can be assured to complement MOH resources for the continuation of child survival activities at the conclusion of the project extension, Pg. 25